

**Request and Order for Reissuance
of Temporary Restraining Order**

Clerk stamps date here when form is filed.

1 Your name (*person asking to reissue order*):Your address (*skip this if you have a lawyer*): (*If you want your address to be private, give a mailing address instead*):

City: _____ State: _____ Zip: _____

Your telephone (*optional*): (____) _____Your attorney (*if you have one*): (*Name, address, telephone number, and State Bar number*):

Fill in court name and street address:

Superior Court of California, County of**2** Name of person you want protection from:

Description of that person:

Fill in case number:

Case Number:


Sex: ☐ M ☐ F Height: _____ Weight: _____ Race: _____
Hair Color: _____ Eye Color: _____ Age: _____ Date of Birth: _____
Home Address (*if known*): _____
City: _____ State: _____ Zip: _____
Work Address (*if known*): _____
City: _____ State: _____ Zip: _____

- 3** ☐ I ask the Court to reissue the Temporary Restraining Order previously filed in this case on Form EA-120.
a. The last Temporary Restraining Order was issued on (*date*): _____ b. The last hearing date was (*date*): _____
c. The Order has been reissued _____ times.

- 4** ☐ I ask the court to reissue the Order because (*check one*):
a. ☐ I could not get the Order served before the hearing date.
b. ☐ Other (*specify*): _____

I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.

Date: _____

Type or print your name _____
*Sign your name***This is a Court Order.**

Case Number:

Your Name: _____

Clerk will fill out section below.

5

The request to reissue the Temporary Restraining Order is:

a. ☐ Granted b. ☐ Denied

The Order listed in ③ is reissued and reset for hearing in this court on the date and time below.

Unless the court extends the time, the Order will end on the date and at the time below.

Name and address of court if different from above:

**Hearing
Date** →

Date: _____ Time: _____

Dept.: _____ Room: _____

All orders in the Temporary Restraining Order stay in effect unless this order changes them.

6

If this Order is granted, a copy of this Order must be served on the person in ② before the hearing, along with the other documents requesting orders to stop elder or dependent adult abuse.

7

By the close of business on the date this Order is made, a copy of this Order and any proof of service forms must be delivered to the law enforcement agency listed on Form EA-120, Item ⑫:

- ☐ The person in ①.
- ☐ The attorney of the person in ①.
- ☐ The clerk of the court.

Date: _____



Judicial Officer



Requests for Accommodations

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least 5 days before the hearing. Contact the clerk's office or go to www.courtinfo.ca.gov/forms for *Request for Accommodations by Persons with Disabilities and Response* (form MC-410). (Civil Code, § 54.8)

(Clerk will fill out this part.)

—Clerk's Certificate—

Clerk's Certificate
[seal]

I certify that this *Request and Order for Reissuance of Temporary Restraining Order* is a true and correct copy of the original on file in the court.

Date: _____

Clerk, by _____, Deputy

This is a Court Order.